

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: _____		2 Serial/Patent # 10/520619			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$	
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		9 <div style="display: inline-block; border: 1px solid black; width: 150px; height: 20px; text-align: center;">--</div>			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: _____			TITLE: _____		
SIGNATURE: _____			<small>Adjustment Date: 07/25/2005 PKIDWELL</small> <small>01/14/2005 SHAJARRO 00000045 500417 10520619</small> <small>02 JUL 02 500.43 CR</small>		
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**